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Transcript: Day 1, Session 3

RECORDED MINUTES:

1:02:26 (62 ½ minutes)

REFERENCE:

Healthy Breathing Day 1, Disc 3

Note: This transcript represents the English language spoken. Spoken Yolngu Matha is indicated by '(YM)...'

(Audio Time Disc 3: 00.00.00)

R: ... very productive at work and things like that, so this is a very common condition but unless you understand the negative pressure inside and what narrows the upper air way, you need to understand those things in order to be able to understand the disease, and in order to be able to understand the treatments. If you get the person to lose weight, less soft tissue, the air ways will get bigger again and they will get better and they will stop snoring and they'll feel well again, and so on.

B: You told me that a couple of years ago that playing the Yidaki can strengthen.....

R: Yes, yes, there is now a research study which was done by a person in Sweden I think, where he trained, do you understand a randomised control trial where you have one treatment versus another treatment to work out which one is the best. So he took 20 men who had snoring and sleep apnea, and 10 of them he trained them with the yidaki. I think it was for half an hour every day. They got Djalui, a master, to teach them and they played with a plastic pipe. In one group they played the yidaki and in the other group they had no training, nothing, they just watched them. And they'd do a sleep study to measure the number of breathing stoppages, and the group that had the yidaki got better. They maybe had 20 stoppages an hour. We can do a sleep study on a person who snores and has sleep apnea and count the number of times that their breathing stops, okay, that's the measure. But the group that had the yidaki, they got very much better. They had many fewer stoppages after training for six weeks for half an hour a day with the yidaki. The other group stayed exactly the same. Now, we're not sure why but we think playing the yidaki strengthens the muscles that hold the upper air way open. Stronger muscles here from training with the yidaki stops the snoring. Very good. Thanks Bryce.

B: What about opera singing?

R: There haven't been any studies to show that opera singing or that singing training is helpful but one might expect that it would be. It hasn't been proven yet. But yidaki has been proven. So look, this is a difficult concept. You have to talk about the box and how much soft tissue and what's left over is the air way, it's a very hard concept to get across to people, but unless you understand that; or if you can get it across to people so that they explain it, then they will understand what the disease is, they will understand why it's important to lose weight because then it leaves more room inside here for a bigger air way, and they will also understand why they feel sleepy during the day time because their sleep is no good because it's messed up by these arousals all the time caused by the breathing problems. So it's a fairly hard concept to explain. I've tried to explain to you just with diagrams and talking about it but you saw that upper air way getting a bit narrower on inspiration, on breathing in, on the air way. Do you think this is too hard a concept to get across to people? It's a hard concept isn't it. What's the best way to show this concept?

0403

Dhaj: Put your thinking caps on.

R: And the other thing to say is it's a new concept. 20 years ago nobody appreciated that this was important but it's very important for everybody.

Dhaj: Yeah, it is important, to make them know or understand it.

R: And there are no educational materials about this. This is a consequence of people being overweight and things like that and it's a treatable condition. You may have heard of some people, they have a nose mask, or sleep ... treatment. Have any of you ever seen a nose mask treatment, when the person goes to sleep they put a nose mask on? What this does is it puts a positive pressure on the inside to hold it open so it can't collapse so they sleep all night with a machine that puts a positive pressure on the air way through a nose mask.

Bryce: What about those things that pinch your nose, what do they do?...

R: The nasal dilator strips that hold up your nose, okay, they help some people but not many. 520 So it's a hard concept. What do you think about it. Is it too hard to explain this or what's the best way to explain it.

Dhan: We'll come up with something

R: Would you? Okay.

Bryce: Frank, you snore don't you?

Frank: Yow. I'm number 1.

Dhan: Later we'll talk among ourselves about this.

R: So look, just to summarise, all of these things, sometimes we can use pictures, sometimes we have charts, sometimes we have the microscope slides, sometimes we have animations; some really clever animations, you can play with them, you can change the conditions so interactive animations, possibly a very good way of engaging people's attention. And I think that it depends what you're trying to explain. If you are just trying to explain the structure of the lungs then the pictures are fine but if you want to explain how it works maybe the animations are better. This is just my thought. I'd be interested to hear what you think about that. And then, so the question is what is the best media and it's not always the best media for every different thing you're trying to do. And the other question is these concepts about a pump and the upper air way, the bony box, and what do you think are the best ways to explain those. So they're some things that we might have some discussion about. I will just show you one other thing and that is I know that people use metaphors a lot and this is a book called strong lungs in children that Dr Hang Chang made and it's used in the Centre around Alice Springs for talking to children, the parents, about bronchiactis which is infection, bad infection in the lungs of children. But she is talking about, this is the structure, the lungs inside the chest and the heart and the air ways, and the upper air way and the trachea, and she uses the metaphor of an upside down tree that the bronchial tree or branching out is like a tree, okay. And you can think that in a tree the water goes up through the trunk and through the branches out to the leaves. So the metaphor that she tries to use is that in the upside down tree in the lungs the air is going out through the branches, out to the leaves which are like the little air bags or alveoli. So that's a metaphor that's used a lot. It's used in balanda medicine as well; if I'm talking to a white person about the structure of the lungs I'll use the word the bronchial tree, so that metaphor is used a lot in white mainstream medicine as well as Indigenous. And this is a model that she uses to try and explain the function, so it's a jar and there's two straws going in and there's a balloon on the end of each straw, and there's a rubber diaphragm here. And so she pulls down on the rubber diaphragm, 916 that makes a negative pressure in the jar, the air flows in through the straws and the balloons get bigger. So that's a model, a working, physical model that she uses to explain the function of the pump. And you can make models like this with simple things you find around the house or that you can buy in the shops but it gets the idea of a negative pressure causing the balloons to expand or to get bigger when the diaphragm falls down. So that's another way of getting the concept of the pump for breathing working. Now, I think I've said enough about those things.

1000

MC: Okay what's next ,waku?

JG: think we should have a break for lunch. Think about it, talk about this and then maybe have a quick feedback after lunch.

MC: Yeah, or if anybody is happy to has any ideas that they'd like to make sure get recorded, Christian I'm sure would be happy to do a little ... For example, the dhumungur's (Waymamba's) story about the njir' and what happens when somebody is very sick I think is important that story about the njir' being the blood and the lungs and everything all integrated in the Yolngu understanding. (Mentioned lunch) – I have to run and get some plates.

JG: And also maybe if somewhere those animations are accessible in the ...

R?: Oh yes, feel free to stay and have a look at the books, and they are the sorts of things that we hope you'll make some comments about.

JG: Or grab Rob or Michael or Bryce or me and if you want to play ...

MC: Where do you reckon people should make their sandwiches.

JG: In here, out there...

R?: Maybe outside here.

1130 (After lunch?)

JG: With lungs, and breathing, where would it start? What are some of the ideas ...? Gäthu, nãndi

WW: we finished with lungs, and thought about the different colours to show the different parts

JG: You saw the picture with the sound, you here,

Dhañ Yes we heard the sounds, if it was animated will get the sound in it, and a yolñu speaking or does it take too long? Depends how much work we put into it.

MC: Or whether you have a computer like that and carry it around in the hospital when you're talking to people that are going to have an operation, open it up and switch it on and start showing people whether it be ... with the computer.

Frank: Michael, this is what I think this difficult work, some of those terms, most Yolñu won't understand them, I get the terms mixed up in my head. I'm thinking we maybe have to do some work, take it back home, and discover some new dharuk (ways of speaking) which Yolñu will understand. Those words there, sometimes 1345 there may be hardly any Yolñu matha words, but we can try

M?: Ways of explaining it?

F: Yo, ways of explaining it, you see?

M: So like we're in a workshop sort of a setting.

?: Yo, this is what I'm saying, we Yolñu were thinking when somebody die, because they run out of air, straight forward, full stop. And when someone a doctor will examine, there's more to it than, you know, someone getting breathless. That's just what I was thinking 1428 so we need to learn more, discover we could do that because we are just as clever as the (balanda) yolñu 1433we will find a way, there might be Yolñu words to describe it, in such a short time we really can't expect to find it... that's what I think Very useful information there ...

I THINK FRANK IS SAYING THAT THE INFO IS USEFUL, BUT IT WOULD TAKE A LOT MORE TIME TO FIND WAYS OF TALKING ABOUT IT IN Yolñu matha . JG: YES

JG: Is it possible to do it with animations or do you think we need language?

Multiple voices: Language, language. language

Frank: I don't know, what others are thinking

Dhañ; animations with normal language used to tell the story

F: It explains it more clearly, with yolñu and Animation

WG: 1520 One of the things that I was thinking when rob was showing those things up there, how it is that the wind (wata) goes, or the breath (ñir') goes, that's what we think about, but what language, what are the words for that? What are the words in our Yolñu way of talking? There are English words 1542

Dhañ : It's okay for us, we can easily get that um if we get do the research at home with the old people and get to the dharuk (language), that is leave it for that particular thing and then can feed it back.

WG: So there's already work for us to do there...

Dhañ: Yo.

WG: We would do that work then leave it and you will take it back to the community and say What are these words? Belonging to us in our language so that later when we are teaching giving knowledge to whoever children or older people they will learn, hear understand : on not?

Dhañ: We need to go to what the children are thinking We need to come down to the level of the way they speak now, children because when we are talking among ourselves, we can understand each other. On the level where we can understand that sort of thing. But nowadays, they can't understand what we're on about. Sometimes we have to come to their level to make it...

M: Yeah. If you find a word from an old person it doesn't mean it's going to help the kids to understand.

Dhañ : Yo.

M: If it's not the way that they talk, yeah.

WG: For example saying to the kids, they kids, what's this a picture of. They'd say, 'a thingamabob' well, what do you people think it is, this picture? What's the name of this?' Maybe they'd say the same name? 1738 So that the patient will be able to understand the doctor. I think, or not? Because those medical terms, very difficult to

understand by a Yolŋu.

Frank: I can give you an example often doctors very hard to explain to Yolŋu the medical terms they can't understand they won't understand kidney failure or heart failure, that's the simplest way to put it. Maybe there isn't a word for it, 1823 there's no Yolŋu word...maybe there's a word,... 1828 But that's how it is... I've heard it many times. But if there is words for it (YM)... then we will have to find out, ... and one of them is working with children so they can understand it in their own language. ...

JG: Made me think about some years ago, working with the interpreters and someone from Maningrida, an interpreter, she didn't have a word kidneys and she had, maybe she hadn't been living out bush where they had been cutting up wallabies and emus and things so there was no word for kidneys in her language. So she did like Michael said. The words she used, they didn't understand, they need to be a common knowledge.

Frank: Okay this is my story I'm going to show off here, 1938 because I got sick. And I was asking doctors questions, what is this or what's I didn't understand)... or what's this medicine for, why do I swallow this? What's this for? what does that do. It's important to understand why you're taking the medication ... They all have different work, they do different things, don't they? they have different functions 2009 We need to make it clear Yolngu way, we need to make it clear a ourselves first, 2022 that when we know, ourselves I'm just talking about my case, I thought I knew that, but what I heard you say I didn't know that before, that's what it like so I need to go back and work in the community, and we will work together

WG: learn together, 2050

F: and come up with, I still don't know why some people get sick. So we need to get that clear message. We need to make it clear, very clear, that's what I want to try, and your ideas a good ones, what you're using, animated picture, but with Yolŋu language ??? 2130 so it's interesting, go back an talk and learn with the old people,

...

F; What do you think?

JG: Good, father

Bryce: 2205 By the end of it it might be worth trying to tell the same story that Rob's telling, so finish the small story as part of the breathing, would ... be able to retell that?

F: Yo, we want to tell the same story like what Rob is telling us, we want to tell the community in our language the same story. But I just, swung that around, and he was trying to tell us some of it and I could hardly understand what he was saying, and some of it I didn't' understand, I don't' know it. Even though I can read and write but still I don't know some medical terms.

JG: Many people said much of the language was difficult.

R: Do you think we need to spend.

Mun: It's good to have with the pictures, so the Yolngu people can understand. Even though they're adult, kids, or kids, young, everybody.

JG: Pictures like this, ... the moving ones, which ones. All the same? Doesn't matter?

WG: What did you think of that one where you could hear the breathing did it seem good to you?

General agreement 2320

F: we've only been looking at lungs (ŋir) 2321 animated pictures

F: some for example, we might do a different design. Because we Yolngu, we are shy/modest (goranhamirr'? people we might come up with a different idea, for animated.

B: Do you think that it's worth having Rob's presentation, with the pictures, going through them again but you get up there and try to tell the story with the pictures. And then we listen and try to get the story ... that is an idea.

F: Good idea. Good idea. We need to come up with Yolngu Matha, Yolngu terms. Yow, and maybe just add on to some of the characters or the pictures ... and that's what you've already got because when you showing pictures of the body, to Yolngu, some areas are sensitive. 2424

WG: Look at that book.... They've done it like this..

R: Frank, are there some parts that you should not talk about? Some anatomy part you should not talk about?

F: Not really. Just the way of presenting it so that when you have people, and who's in the room, who's there

and who's not, you know, who we should talk about ...

M: So the way you tell the story differs for who's present.

(Rob hasn't quite got the point here, it's more to do with who can say what in front of whom)

F: Yo. Who's present. Because that message is very important, very important.

WG: Yes it's very important there's got to be some In the audience ... 2520

F: they are shy you see

WG: ... it's not a good way of talking in front of everybody.

M: Yes.

WG: How would you describe that? There's some, say in our culture, there's some things that we can't talk about in front of everybody.

R: Yes.

WG: So there's got to be certain people in the rooms or you know, yeah.

B: Is there an example?

JG: For example, if someone's got a heart condition, then you might not talk so much about hearts for that person knowing that they've got some heart condition.

Frank: But I use my own example, you might have somebody who's, we don't know what, maybe dying or passing away or ..., but that was the message, the strong message I learnt from that, even though I got fed up, what Rob explained I didn't know that, always Yolngu people think somebody passed away, 2638 they've run out of breath. That was the last of their breath. Their breathing stops, that's it, 2643 Then they die. I'm only using an example.

WG: yes we really only know about njir' (breath) and wata (wind) just those things, we breath through our noses and mouths,

M And through our gurrkurr? (veins, sinews, arteries?)

WG gurrkurr

M: This is a problem in western medicine as well, because if a person is short of breath for example it might be from the heart, or it might be from the lungs, but it's the same symptom for the person; and it's important for treating the person to work out if it's the heart or the lungs 2733 that's causing that person's breathlessness, and that's what all the special tests are used for.

F: I'm just saying that often Yolngu, when they ask, say, they want to scan or a test or whatever, x-rayed or, you guys know what I'm talking about...

(Laughing)

F?: But Yolngu want to very, very clear, 2813 when a Yolngu dies then people think straight away it's by sorcery,

Dh: by sorcery

2829

WG: Because they won't think that it's the disease that has killed them.

M: (to Rob) Yeah, that talking about sorcery 2835

F?: We're talking in detail more, we want to discover that together. I found, another show off again, I found that some medications doesn't work for me and I told the doctor, It's no good, It makes me weak, can you do something about changing my (medicine) but I had to do something about it myself, I'd have to do something myself as well, contribute towards my own health. That's not from me but very important that we want to discover more, and want to do this for like what we did this morning, very good, so Let's go back and do some homework the Yolngu . There are words, and There are elders who will help us 2927 some might be old words, never been used, but we can understand it.

WG: Because one thing we need to be thinking about 2935 these days, Yolngu but all indigenous people are dying because there are many different diseases we have, how that sickness is really affecting our life, 2952 that's what we should be teaching those young kids, they are too young smoking tobacco , too young when they're six or seven they're starting to smoke, and their heart or lungs are going bad because of the smoking. And we know a little bit of

stories about that and we'd like to find out more or learn about it more, so then we can teach our Yolngu families or Yolngu friends about it. 3025 But I like working together with John, nathiwalkur Bryce, Christian, and we Yolngu mob, working together to try and produce a lot of information, like books or DVDs or something, so the Yolngu can learn from it. So they know what it's doing to their body. 3101

JG: It's a good idea this morning like nangi mentioned DVDs and distribute them with the household that have videos. That's how those kids are interested when they go to your house, come and sit down and ask you when you were watching those DVDs...

Dhanj: Yo.

Frank: what are we this group going to do, we need to take it back to the community, because this is very important, very important, and

R: Yes, I understand you. You're saying.

F: I don't want to put you down, or put us down, but I want to ... show ... that's the message that, a lot of Yolngu people can't get that clear. 3221 Someone has already explained that we though there was only one lungs, but they are all different, names, and all the terms.

B: John, did I understand correctly they were talking about being really careful when you're talking about specific problems particularly when there's people that know other people that have those problems?

J: Yeah. Basically it's something like that.

J: Or ...

F: Yeah, but they know. They know and they would have to work that out. Work out who's in that room, who's in there.

B: I thought, we have the same rules. What's interesting about western medicine is that there's a level where those rules are sort of forgotten about, aren't they, and particularly in a classroom situation, particularly in the learning environment, although we know about all those rules, we put ourselves in this space where we're allowed to, we keep the rules outside, and we do that ourselves as well.

F: Yo.

B: You know, I wouldn't go back to my family and start talking about what I know about a certain disease if my mother is there with that disease. I wouldn't talk about it in front of her. Or if my mother had recently passed away I wouldn't talk about it.

F: The thing I am trying to say, I was trying to turn around, is to say that not thinking that the idea or whatever, the concept, it's not relevant for Yolngu. They're very important, very vital, we must get that message through. We know, ... talk about issues ... might come out ... we don't. But ... should familiarise ourselves down in first, we should familiarise ourselves first, so that we can fully understand. 3447

M: Do you think there are, if you take something away and sit down and talk amongst yourselves about it that you will find better ways to explain it? Or come up with better things to explain? What can you gain by that process?

F: I'll talk to the group first. This is a very big issue We have to um make it smaller, take out the types of you see Take the parts, the way it can be looked at from a different angle and explained clearly. What we've done this morning is just had a look at it. 3557

M: Yes.

F: So, if I can do more homework, if I do like, more homework we can get, what is the number one key message. For us Yolngu and balanda as well. Some of the Yolngu don't understand it, they don't know. The way we understand the lungs, we've got no air in the lungs you will die; or that machine stops functioning, the person passes away. Doctor tells me a different story. That's what I'm saying. I need to find out what is he or she trying to tell me. I want to know that. Because I want to tell my people. People think the wrong way. There's something else to this, all the parts of the body all contribute, work together. If one thing collapses the other part will collapse as well, slowly, and eventually the man or the woman or the person will die. I'm trying to say, we want to learn more, it will be very useful in the hospitals, doctors, nurses and also for us, very important. 3738

R: Well, I think that it's important for young people to understand these things because it provides them with motivation not to smoke and to get treatment when they have an illness, go to clinic. If they understand the mechanisms of the disease and the dangers from a disease. So I understand that you have to be careful about who's present when you're talking about these things, but you do also have to have some general messages for everybody about health issues, don't you. 3837

WG: (to the Yolŋu) What do you think? How... (to Rob) Can we talk among ourselves?

R: Yes indeed.

WG How will we do this that he has told us, rob, when he was sharing and showing and we will do what? What will we do? Or shall we leave it and think about it, or shall we put down the main points for tomorrow/ Is that right nathiwalkur? (ie Michael) Help me with this. Or what shall we do?

Rose; Those pictures are good, and the story in English and Yolŋu so that the kids will pick up and the old people and see the pictures,

WG: And at the same time they will learn and they will be teaching. this, this, this. this picture is doing this, this, this, this is what this thing is doing, this one is working wrong, it's doing crooked work, this one and this one, because you are smoking and you are still a young person...4026 and this sickness and this one and this one come from tobacco. This is your lung this is your lung... This lung is doing this this this this 4036

Dhanj: make the story easy for the kids to understand and at home the DVD will be telling the names. .. what sorts of things you might get, telling the words, if we don't know then we'll ask the older people 4054

Mun: talking and then showing and then going back and talking some more...

Dhanj: discussing and looking and discussing.

WG: Okay, what should we say first, tomorrow, when those people come 4119 when they come from, where are they coming from?

MC from ARDS and Menzies.

WG; so when they come tomorrow, we will tell them this is what we want, this this and this...we want this, we want this, and we want this. So okay, you need to help us. Help us or we can help each other. 4150 Yeah, then people can think about making videos or DVDs or booklets or pamphlets or whatever, and then it can go into Yolngu communities any Indigenous community then people can show them. You know, that's only one of the ways.

R: Yes. 4231

WG: But there's a lot of other options or ideas or you know.

Mun: Those things we saw this morning, can we go and have a look ourselves?

J: The ones you saw this morning? Go back and have a look at it amongst yourselves at those. That sounds a good idea?

R?: Yes, yep.

JG: Or we can set that up and here it is.

M: Well, isn't it already on there? Is that the animations one?

JG: Yep.

R: You can go through any of the slides or I can set up the animation for you.

WG: It seems like a very good idea to me 4311 it will help the community and those sick people taking medicine, and the ones who are not taking medicine, who are healthy those how later at some time will get a sickness because at the moment there are very very many people taking medicine...there are very many sick Yolŋu now...4336 We can use those sort of things to help Yolŋu now. 4400

(Quiet conversation in YM)

F: this is a vital story, Because, and I am going to talk about people here, and criticize other people. Criticism can be good too, sometimes they tell us, sometimes what I hear, is not full information. They need correcting, like what I've been hearing from Rob... It was a true story, a straight story... I found it very interesting even with the what he was briefly explaining to me at gamma 4516 I found it very, very interesting.

M: So you're saying that when people go to the doctor they don't get that full story. They don't.

F: Yeah, or the people, no, like I said because I've warned everybody, even to the interpreters ... or people, health educators, not enough information, there's information but it's not straight.

R: Frank, I think it's recognised as a major problem in health that doctors, 4552 particularly GPs, don't explain things properly because they don't have enough time, because they get paid by the number of patients that they see sometimes.

F: That's why I was saying...

R: So yes, you're correct in your criticism that doctors don't explain the stuff and it's very hard to give a person a good understanding about the disease process unless you have a lot of time and resources to do diagrams and things to show them. 4625 And usually that is absent from the interview

Mun: This could be, display the DVDs or something in the community before they come into Darwin hospital.

R: Yes but then, if you want to give information about the disease that the person has because that will be relevant for them, it's hard to know beforehand, isn't it. 4700 So that's the reason for trying to have general education things about breathing that the whole community, to give them a little bit of background knowledge. And I hear what you say about you have to be sensitive about who's present in the audience but it's also important to try and give some general knowledge to the people so that they have a starting point when they go to see their doctor; because their doctor doesn't have the time to go back and explain how the organs are structured and how they work normally and how the disease interferes with them. 4750 So it's a slight problem. I understand what you're saying about sensitivities but on the other hand it's a great advantage if you can get some general knowledge about how the body works across to the broader community. And another reason it's important is so that the whole community knows how smoking is bad for you, for example, so that then the whole community can have some ideas about trying to reduce smoking or eat healthier food or do some healthy behaviour that's important for the whole community. 4840

WG: And learn about all these different parts of the body before they can get sick.

R?: Yes so they.

WG: And then they have more information in their mind before they get sick or see the doctor.

R: And it helps them to look after their body if they know how the body works.

WG: Yeah, help them stay healthy or. Like he was talking about the starting points.. so that he will understand about sickness, isn't that right nathiwalkur? He'll learn about sicknesses

M?: If they knew about their body before they got sick then when they went to the doctor the doctor could say well, you know, your lungs, your heart or something and they would know the background story before they got the story about the disease. ...

WG: Yes is that right, what do you guys think? or are you asleep

F: He was talking pretty quickly...

WG Who

F: Rob. This is what I was saying and I'll say it again, there are things we don't know about the.. even before we come in to the doctor of GP, we must know,

JG: 5023 So he's saying it's primary education in health, body functions, from this western view in schools, in the store, available to people.

F: I was trying to make the point that for sometimes it's not good to talk about the human body, 5051 don't really understand the body .. that is something at the back of the mind we have to find some way around it.

JG: The key point is that People must have that access to that information about the body, body parts and the workings of the body, must know.

F: Yo.

JG: Want to know, keen to know, need to know. 5128 And those other issues, that Frank was talking about the under certain circumstances, that's a thing... Your primary concern is making sure that there is access to this information.

R: Yes. And having the information in the best possible way so that people can learn very easily.

(Some conversation in YM)

JG: What do you think, mother? Shall we go back, and look

Mun: Should we have another look, or keep talking amongst ourselves? Or think about tomorrow?

JG: What do you think, mother?

WG: 5231 We've had a good look at those resources we just need to talk about what we can do about it, what should we do about it? What should we do? (use the exclusive pronoun and John suggest the inclusive one (ie

including the balanda in the process) laughter how are going to help each other so we can take that one back. And over there later on teach people So we'll come up with an idea of what, the booklet. The video. And what else?

M: How to tell the stories, ways of telling stories.

WG: Yeah, why we're telling that story and how we're going to show them, and what sort of mixture are we going to produce. You know...

F: Rob telling us that story this morning, explained to us and I think the best I heard, if anyone has been able to explain clearly to our ears, and we understood the message, That's what I'm saying, really good.

JG: (To Rob) He's saying, We got that message, we understood exactly what you're saying.

F: And there should be more of them like the presentation Rob gave And let's not lose that. That's my emphasis I'm pushing... 5405

R: I think Frank that it should be possible to put these messages into a simple form in a video or a book, probably a visual book that everybody can understand. 5423

WG: Yeah, that's what we were saying before.

R: But it's very important to work out the best way to do it because for two reasons. One, if you can explain the message simply and clearly it is more effective, you get through to more people; and secondly, because these resources are very expensive to make and you don't get many chances to make one. You have to try and work out the best way before you start. Hello Bhavini. 5457

WG: Those, were the... what Frank was saying was it was good that you told us and now, we are going to decide what we are going to do. 5513

R: Okay, so we have only started because all I have talked about so far is the normal breathing, okay. We have not talked about the circulation and the gas exchange in normal, that would be the next thing. And then after that we need to talk about how diseases interfere with the normal breathing and the normal circulation and why that makes people feel breathless, or sorry, sick, and it also gives an easy idea about the best way to give treatment, or how the treatment works, or how western treatment works. And it also gives insights into how traditional treatments work as well because if you understand the body and the way it works then you can have more understanding about the way traditional treatments work and it's not a secret, it becomes obvious if you understand how the body works. So this can strengthen traditional treatments as well as balanda treatments.

MC: Bush medicine you mean?

R: Yeah. Bush tucker. Things like this. But if you put it all together it's a long story so maybe it's too much for people in one story; maybe we need many little stories.5700

WG: Many little stories maybe. Just to get the hang of it and so that the idea of what that picture is talking about, yeah.

R: So if you can do it for one disease, supposing a person has asthma or pneumonia or one disease, when you're talking to one person who has asthma, you show the structure, the way the lungs work, and then you show the asthma disease and the symptoms and the treatment and you can show that story in half an hour or so; but that story is no good for a person with pneumonia because it's a different disease and a different treatment. And that story is no good for people with chronic bronchitis and emphysema, or people with lung cancer. So if you want to do it that way, when you're talking to a person with a particular disease, you can have a short story but it's very different for every person. 5814 But some parts about the structure and the function of normal healthy lung is the same for all the stories. So if you can give that information to everybody, it's a background or a start, for all the special disease stories. So when you try then to tell them about the asthma story or the pneumonia story they already have a good understanding of the start. 5850

Mun: We'll leave that, we saw it this morning and we'll go onto other.

R: So do you want to go and see now about the circulation in normal?

Dhan: we can have some idea of those ... and then talk about it later on about the whole thing and think about how we could make the presentation... Talk about how to explain those things. How we can present those stories, and how to develop something with this information, what he's got, we take those terms we and do research back home, then we understand, we will all understand, then come back again we all come back and hand it over, here you are, to produce resources, decide how to proceed

M: Just in terms of what's going to happen today or tomorrow, at the end it seems that the best thing that we can come up with is some sort of an agreed process whereby these things could be improved, and I can tell you the things that Frank was saying, one of them was that people need to discuss it in groups and they need to do it carefully and they need to talk to young people and say, your point was that you need to talk to young people and

then to talk to old people, so there needs to be a lot of discussion around producing these things. And the other is that people are saying that there might be other Yolngu ways of representing it that might come out of those discussions. So we shouldn't automatically accept that these are the best ones. There may be other ones that need to come out of those sorts of discussions. 10149

Dhaṅ: There are many ways... Yeah, let's have the discussion afterwards...

R?: Yeah, well, we're not going to have time to do that in the next two days.

Dhaṅ: We need two levels, one for the old people and one for the kids..

R: Yeah.

Dhaṅ: Ma. Time for break or what/

MC No, the idea was, Dhaṅgal was saying we should continue with the next presentation

END OF DISC 3